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L2: Entry 2 of 3

File: USPT

Sep 17, 1996

DOCUMENT-IDENTIFIER: US 5557515 A

TITLE: Computerized system and method for work management

Brief Summary Text (52):

Directory Tables, which are included in a preferred embodiment of the present invention, function, in part, as an online telephone/address book. Any name, telephone number, address and tax code may be keyboard entered and stored in the Directory Tables. These entries are then accessible by name and can include attorneys, claimants, doctors, state agencies, etc. The Directory Tables are not claim specific and are shared by the entire office. These tables are also integrated with other System functions (e.g. Text Processing, Payments, LPTX, etc.) to prefill information into their respective data fields, as necessary.

Detailed Description Paragraph Table (39):

TABLE XXXIX

DOCUMENT

REQUEST SCREEN

CLAIM

NUMBER: 023 AC 00001 LOSS DATE 04/19/89 INSURED: SMITH, JOHN CLAIMANT: SMITH, JOHN
(X OR V) DOCUMENT NAME HANDLING INSTR * CP-16 CLAIM RECOVERY ESTIMATE* *
ACKNOWLEDGE AND REQUEST FOR INFO* * FILE TRANSFER* * ACKNOWLEDGE OF CLM -NO INFO
ML-10* * ASR ASSIGNMENT SHEET INSD AUDTX* * ADR-ML 11* * APP BENEFITS AUTO/PROP LC-
5069-1 * * ACKNOWLEDGEMENT LETTER TO AGENT WTCHR* * ASR ASSMT SHT INSD NON-AUDA -
DLSA* * ATTORNEY ACKNOWLEDGEMENT* * ASR ASMT SHT-CLMT - AUDA LC 5344* * CLAIM FOR
DAMAGES LC-2474* * ASR ASMT SHT-INSD - AUDA LC 5344* * CLAIM FOR DAMAGES PROPERTY
LC4556* ENTER) SELECT 4) PREV SCREEN 16) RETURN 5) NEXT SCREEN 18) HELP

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L4: Entry 3 of 4

File: PGPB

Mar 21, 2002

DOCUMENT-IDENTIFIER: US 20020035488 A1

TITLE: System and method of administering, tracking and managing of claims processing

Summary of Invention Paragraph:

[0007] The claims process starts with the notification by the insured or claimant that an accident has occurred. Currently, this notification is typically completed by phone to the carrier's first report unit or to an agent. The carrier then verifies policy coverage, creates a claim file and assigns the claim to an adjuster and an appraisal resource or directly to a service provider. Generally, the client must exchange several phone calls with the various commercial participants to schedule a damage estimate, select a repair facility and make car rental arrangements, if applicable. In addition, these processes are paper intensive because legacy claims systems do not support imaging and relevant documents such as estimates, photos, police reports and tow bills that arrive regularly by fax and mail throughout the life of the claim file.

Detail Description Paragraph:

[0071] Personal computer 2 may be an IBM compatible computer, a Macintosh computer or any other system capable of running Client Software such as a Web Browser, although other client software may also be used as appropriate to the system. Personal computer 2 preferably runs a Web Browser such as Netscape's Navigator or Microsoft's Internet Explorer to communicate information to and from system 30. Personal computer 2 is connected to a communication network 25, such as the Internet, using a fast connection, such as DSL, cable modem, wireless, modem, etc. Personal computer 2 preferably includes an output device, such as a monitor or other display and a speaker or printer (i.e., printer device 3). Personal computer 2 also includes an input such as a keyboard or pointing device (e.g., mouse, track ball, pen device, microphone, joy stick, game pad, satellite dish, scanner or the like) or both to enable information to be input to the system.

Detail Description Paragraph:

[0072] Wireless device 5 may include but is not limited to a communication device, including a telecommunication device or wireless Internet devices that a user carries and uses to enter and obtain information pertinent to the process. The wireless infrastructure that connects the device with the communication network 25 uses existing wireless signal receiving systems 20 such as, for example, the communication methods used by 3Com's Palm Pilot VII.

Detail Description Paragraph:

[0218] In another embodiment, what type or types of assignees that a claim will be assigned to can be determined by the triage sub-system 220 through the application of business rules to the claim data without the process of scoring and classing. For example, the triage sub-system 220 can identify what basic type of assignee to assign the claim to through the application of the insurance carrier's business rules and policy information stored on the insurance carrier's policy database as applied to the insurance data. For example, claim data received by the triage sub-system 220 may reveal a claim involving damage to the insured vehicle that is drivable, while insurance claim policy information retrieved from the insurance carrier's policy database reveals the claimant has collision coverage and rental

reimbursement coverage. The triage sub-system 220 can then identify that there is a need for a Repair Facility and Rental Company. If, for example, the car also is not drivable, the triage sub-system 220 also identifies that a towing company may be needed. Determining which types of assignees to assign a claim to and the class of a claim are parallel to determining the types of tasks need to fulfilled to satisfy a claim. In one embodiment, the triage sub-system 220 determines specific tasks that are required to satisfy the claim and determines a type or types of assignees to assign each of those tasks to.

Detail Description Paragraph:

[0233] In certain circumstances (e.g., selection of repair facility or rental provider) whether for legal reasons (e.g., anti-steering regulations) or efficiency concerns, before an assignment can be made, the assignment sub-system must obtain authorization of the selection of assignee from the policy holder or consumer who filed the claim. Authorization can be obtained through notifying the policy holder or consumer of a recommended assignee or a list of recommended assignees, and receipt of selection of assignee or authorization to choose the assignee determined by the assignment sub-system 230. Notification and authorization capture could be implemented electronically (e.g., through email), through verbal communication confirmation received by an insurance carrier representative (e.g., a call center representative or insurance carrier adjuster operating a semi-automated assignment sub-system 230), or through any I/O device 1.

Detail Description Paragraph:

[0262] Connection 300 stores received, added and edited data, including digital images, in an open format that is readable by various estimating systems and insurance carrier systems 65. In addition, Connection 300 transmits claim data to insurance carriers, parts and materials vendors, vehicle owners and other parties involved in the claims process through open (non-proprietary) communication standards (i.e., standard Internet protocols) that allow parties, including proprietary and legacy systems to receive the data. In one embodiment, Connection 300 communicates with other parties involved in the claims process through the communication network 25.

Detail Description Paragraph:

[0295] Claim data accessible via Deskview 200 include the severity of claims, vehicle damage, cycle time for claim processing, repair status updates, estimates, basic management reports, attached digital images, and transaction logs. Examples of filters, which can be used individually or in combination to present claim files in an organize format include region, company, claim office, date claim received/reported. Examples of search criteria, which can be used individually or in combination to retrieve specific claims, include claim number, policy number, claimant name, insured name, data of loss, and adjuster ID. In one embodiment, claim data related to a claim is automatically presented to the user upon entry to Deskview 200 according to business rules. For example, an adjuster may be automatically presented with all the claims that assigned to him for review and processing upon accessing Deskview 200.

Detail Description Paragraph:

[0300] FIG. 25 is a screenshot of a user interface and claim management system navigation feature. Deskview 200 is also the point at which a users log into the system 30, and can navigate to other sub-systems of the system 30 through use of links or buttons. Which sub-systems a user is able to access via Deskview 200 is governed by the authentication sub-system 215. The navigation buttons or links presented to a user through Deskview 200 are consistent with the sub-systems the user is able to access. In an example of the utilization of the navigation feature of Deskview 200, a user such as an insurance adjuster may enter the system 30 through Deskview 200, have claims assigned to automatically presented upon entering Deskview 200, view the claim in detail, then decide what function needs to be performed on the claim, e.g., triage and assignment, audit, or payment. The user

could then select the function, through utilization of navigation buttons, he wishes to process the claim with and be transferred to the sub-system or system that governs the selected process. As a specific example, a user may wish to determine a repair facility's cycle time and rate at which they convert an assignment into an estimate before assigning the claim. The user can access the reports sub-system 270 through use of the navigation buttons stored on Deskview 200, then directly utilize the reports sub-system to generate the desired report or reports.

Detail Description Paragraph:

[0327] Next, payments, individual or aggregated, are made to each payee 2605 via ACH, wire, or check from the trustee bank 2603 on the established payment date. In an alternate embodiment, payments are made in the form of authorization information to directly debit an insurance carrier bank account for the amount owed the payee (e.g., a credit card number with which the payee can debit the amount owed). In one embodiment, the insurance carrier system 65 is enabled to view account status of the bank account open for payees to draw on and audit the debits to the account. In one embodiment, the insurance carrier views the account status over the Internet. This audit feature allows the insurance carrier to detect inaccuracies in debits, particularly debits of amounts in excess of those authorized.

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